



For the first time in New Hampshire, the Department of Health and Human Services, as part of the Comprehensive Health Care Information System (CHIS) project presents a wide-ranging report on information from the Health Plan Employer Data and Information Set (HEDIS®) measures. HEDIS measurement results are made available to employers and consumers for use in reviewing the performance and quality of health plans and their health provider networks. Under New Hampshire statute and rules, health plans in New Hampshire that collect HEDIS data must submit it annually to the State. The HEDIS 2005 Reporting data was submitted by from CIGNA, Anthem, and Harvard Pilgrim in mid-2005 based on services delivered in 2004 and prior as specified by each measure and summarizes information from 57 separate performance and utilization measures organized into five health topic areas.

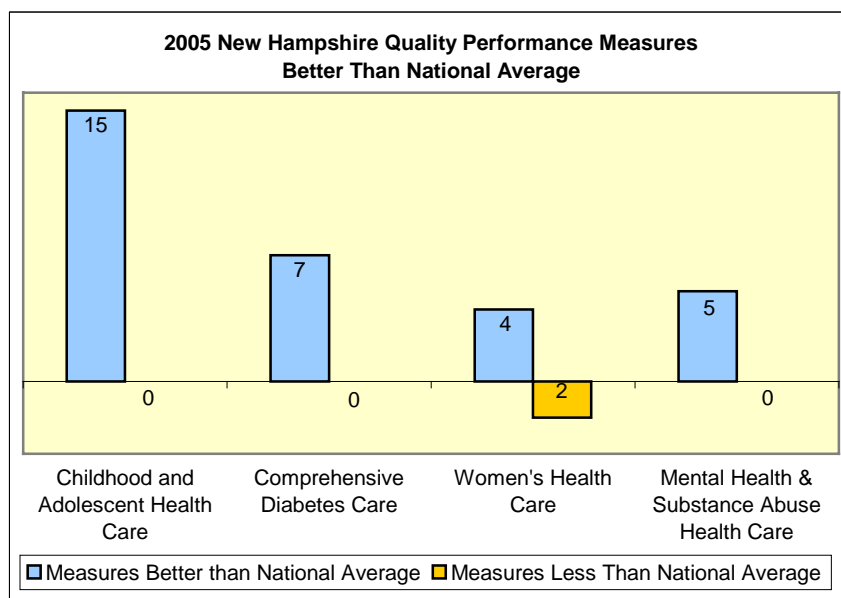
Results for New Hampshire privately insured enrollees/members are compared against benchmarks for the Nation, the 6-state New England region, and the 3-state northern New England region. Multiple regions were chosen for comparison to allow for the broadest understanding of New Hampshire's results.

### Overall Findings

New Hampshire results were more favorable than the National benchmarks for 31 of the 33 separate HEDIS performance measures and sub measures reviewed. The 2 less favorable health care measures were: lower rates of Chlamydia (sexually transmitted disease) screening for both age groups. Results of the 24 utilization measures and sub measures were below use rates for 2 chemical dependency

measures and four categories of measures of hospital inpatient care. In addition, New Hampshire results for all 57 measures were generally equal to or more favorable than the New England and northern New England regional benchmarks.

Although New Hampshire's overall standing is favorable there is still room for improvement particularly around Women's Health Care. Findings for each area are described below.



### Childhood and Adolescent Health Care

New Hampshire results were more favorable than National benchmarks on all 15 measures. Compared with the regional benchmarks, the New Hampshire well-child visits rate for children aged 7-12 and immunization rates for adolescents were slightly below these benchmarks.

### Comprehensive Diabetes Health Care

New Hampshire results were more favorable than National and regional benchmarks for all but one of the seven HEDIS measures related to health care for diabetic patients. Only for kid-

ney disease (nephropathy) screening or medical attention for nephropathy was New Hampshire results below results achieved by the New England and northern New England regions.

### **Women's Health Care**

New Hampshire results were more favorable than National and regional benchmarks for breast cancer screening, cervical cancer screening, and percentage of women who received timely prenatal and postnatal care. For women in two age groups, 16-20 and 21-25, the rate of screening for Chlamydia (sexually transmitted disease) was less favorable than the two regional benchmarks, but was similar to the National benchmark.

### **Mental Health and Substance Abuse Health Care**

New Hampshire hospital inpatient utilization rates for mental health conditions were slightly higher than all three benchmarks and length of stay was shorter than the regional benchmarks. Follow-up after inpatient care was more favorable than all three benchmarks. Office visit utilization for patients with depression was more favorable than National, but was less favorable than the regional benchmarks. New Hampshire results for appropriate depression medication management measures were more favorable than all three benchmarks. Hospital inpatient use and length of stay for Chemical Dependency disorders was below all three benchmarks.

### **Hospital Utilization**

New Hampshire hospital inpatient utilization rates were below all four benchmarks for all measured categories of care: total discharges, medical discharges, surgical discharges, and maternity discharges. For hospital outpatient (or ambulatory) care, total visits utilization

rates were higher than National, but were similar to the regional benchmark rates. New Hampshire emergency room rates were substantially higher than National rates and were slightly higher than the New England and northern New England regional benchmarks. Outpatient surgery utilization rates were higher than all three benchmarks.

Hospital care for maternity rates of deliveries were lower than the Nation, but were similar to the regional benchmarks. Compared with rates for the region, rates of vaginal delivery are higher and rates of Cesarean Section delivery are lower.

### **Limitations and Next Steps**

The report does not assess the statistical significance of measure differences between individual health plans or between New Hampshire and the three benchmarks. Additionally, although this data provides useful information for assessing the state of health of New Hampshire's population, a comprehensive picture would include data on Medicaid, Medicare, populations from health plans that don't have HEDIS data, and people with no health insurance coverage. Future reports will begin to address some of these limitations through the inclusion of statistical testing and HEDIS like measures for the Medicaid population.

#### **About the New Hampshire Comprehensive Health Care Information System**

The New Hampshire Comprehensive Health Care Information System (NH CHIS) is a joint project between the New Hampshire Department of Health and Human Services (NH DHHS) and the New Hampshire Insurance Department (NHID). The NH CHIS was created by state statute (RSA 420-G:11-a) to make health care data "available as a resource for insurers, employers, providers, purchasers of health care, and state agencies to continuously review health care utilization, expenditures, and performance in New Hampshire and to enhance the ability of New Hampshire consumers and employers to make informed and cost-effective health care choices." For more information about the CHIS please visit [www.nhchis.org](http://www.nhchis.org) or contact Andrew Chalsma, NH DHHS, [achalsma@dhhs.state.nh.us](mailto:achalsma@dhhs.state.nh.us) or Leslie Ludtke, NHID, [lludtke@ins.nh.gov](mailto:lludtke@ins.nh.gov).